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APPLICANTS

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** CONTINUING DATA ***** *[Signature]*** FOREIGN APPLICATIONS ***** *[Signature]*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 5	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

ADDRESS

26158

WOMBLE CARLYLE SANDRIDGE & RICE, PLLC

P.O. BOX 7037

ATLANTA, GA

30357-0037

TITLE

Cutting tool and cartridge therefor

FILING FEE

RECEIVED
860

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT
 No. _____ for following:

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of
time)☐ 1.18 Fees (Issue)